

CONSTITUENT SERVICE FORM
CONGRESSMAN MIKE SIMPSON
IDAHO -- 2ND DISTRICT

Name: _____

Social Security # _____

Address: _____

(fill out below only if applicable)

City: _____

VA # C- _____

State & Zip: _____

IRS Tax # _____

Home Phone: _____

INS # _____

Work Phone: _____

Other Claim # _____

Problem: _____

I would like Congressman Simpson to: _____

Due to the Privacy Act of 1974 (P.L. 93-579), federal and state government agencies are prohibited from releasing any information or discussing anything regarding another individual without the individual's written permission. Your signature on this page authorizes me, as a United States Representative, to contact the proper officials on your behalf, to discuss the matter and receive any information pertinent to you and your concerns.

Signature

Date

Please mail completed form to the nearest office of Congressman Mike Simpson.